

ADDRESS OF PROPERTY			CITY		DATE OF FUMIGATION		
BRANCH CO. AND ADDRESS (SUBCONTRACTOR)			PRIME CONTRACTOR NAME AND ADDRESS				
							CO. REG. #
OWNER/AGENT NAME AND ADDRESS				FIRE DEPT. NOTIFIED (DATE)(HOUR)			
PROPERTY DESCRIPTION				C.A.C. NOTIFIED (METHOD)(DATE)(HOUR)			
NOTES OR COMMENTS							
SECTION 1		TARGET PEST		WARNING AGENT		CUBIC FEET	OUNCES USED
FUMIGANT RELEASED							
FUMIGANT / E.P.A. REGISTRATION NO.		SEALING METHOD		DATE/TIME GAS INTRODUCED			
		CYLINDER SERIAL NO.		WT. BEFORE INTRO.		POUNDS APPLIED	
WIND M.P.H.		AIR TEMP		CYLINDER SERIAL NO.		WT. BEFORE INTRO.	POUNDS APPLIED
				CYLINDER SERIAL NO.		WT. BEFORE INTRO.	POUNDS APPLIED
EXTRAORDINARY PRECAUTIONS					TOTAL POUNDS		
<div><div><div><div><div><input type="checkbox"/></div><div>FUMIGUIDE B</div></div><div><div><input type="checkbox"/></div><div>FUMIGUIDE Y</div></div><div><div><input type="checkbox"/></div><div>VIKANE CALCULATOR</div></div><div><div><input type="checkbox"/></div><div>FUMICALC CALCULATOR</div></div><div><div><input type="checkbox"/></div><div>OTHER</div></div></div><div><div>DOSAGE FACTOR</div><div>TARP CONDITION</div><div>SEAL CONDITION</div><div>WIND (MPH)</div><div>VOLUME</div></div><div><div>UNDER SEAL</div><div>TEMPERATURE</div><div>HOURS EXPOSURE</div><div>MONITOR JOB (YES / NO)</div></div></div></div>							
CREW MEMBERS NAMES							
WAS REQUIRED SAFETY EQUIP. PROVIDED?			LICENSEE RELEASING FUMIGANT		LICENSE NO.		
YES () NO ()			SIGNATURE				
SECTION 2		AERATION COMMENCED:		TARP / SEAL CONDITION			
VENTILATION COMMENCED		DATE		TIME			
CREW MEMBERS NAMES							
WAS REQUIRED SAFETY EQUIP. PROVIDED?			LICENSEE COMMENCING VENTILATION		LICENSE NO.		
YES () NO ()			SIGNATURE				
SECTION 3		TESTING DEVICE USED		PROPERTY CERTIFIED SAFE FOR RE-ENTRY			
RELEASED FOR OCCUPANCY				DATE			
				TIME			
CREW MEMBERS NAMES							
WAS REQUIRED SAFETY EQUIP. PROVIDED?			LICENSEE RELEASING PROPERTY FOR OCCUPANCY		LICENSE NO.		
YES () NO ()			SIGNATURE				